

Georgia Basic (ESI Prime) Preferred Drug List for The State Health Benefit Plan (Revised January 1, 2005)

A	AVELOX, ABC PACK aviane AVITA gel [PA] [QLL] (note: PA age >29) AVODART	CRESTOR cromolyn sodium cryselle cyclobenzaprine hcl cyclosporine, modified	FORADIL [QLL] FORTEO [INJ] [PA] FOSAMAX [QLL] fosinopril	L lactulose LANTUS lessina leucovorin LEVITRA [PA] [QLL] levora levothyroxine sodium LEVOXYL* LEXAPRO LIPITOR lisinopril, hctz LIVOSTIN* LOTREL [PDMP] lovastatin low-ogestrel	nitrofurantoin macrocrystal nizatidine nora-be nortrel NORVASC NOVOLIN NOVOLOG nystatin nystatin w/triamcinolone
B	benazepril hcl benazepril/hctz benzonatate BEXTRA [PDMP] [QLL] bisoprolol fumarate/hctz brimonidine bupropion, sr butalbital/apap/caffeine	DEPAKOTE desmopressin acetate DETROL, LA dextroamphetamine sulfate [PA] (note: PA age >21) diclofenac sodium dicyclomine hcl DIDRONEL diflunisal diltiazem, extended release DIOVAN, HCT dipyridamole DURAGESIC* [QLL]	gabapentin gemfibrozil gentamicin sulfate glipizide, er glyburide glyburide/metformin guaifenesin w/pseudoephedrine	G H	ofloxacin ogestrel omeprazole [PA] [QLL] ORTHO EVRA [QLL] ORTHO
C	camila CANASA carbamazepine carisoprodol cefpodoxime cefuroxime CELEBREX [PDMP] [QLL] CELEXA* CELLCEPT cephalexin choline mag trisalicylate CILOXAN ointment* cimetidine CIPRO HC CIPRODEX ciprofloxacin CLIMARA [G] [QLL] CLIMARA PRO [QLL] clindamycin phosphate clobetasol propionate clonidine hcl clotrimazole/ betamethasone clotrimazole troche clozapine COMBIVENT [QLL] CONCERTA CONDYLOX gel COPEGUS COREG COSOPT CREON [G]	EDEX [INJ] [PA] [QLL] EFFEXOR, XR [SNRI] ELIDEL [PDMP] enalapril maleate, hctz enpresse errin erythromycin erythromycin/ benzoyl perox. estradiol [QLL] EVISTA EXERLON	haloperidol homatropine hydrobromide HUMALOG HUMULIN hydrochlorothiazide hydrocodone w/guaifenesin hydrocodone/ acetaminophen hydrocortisone acetate hydroxyurea hyoscyamine sulfate	I J	TRI-CYCLEN LO oxybutynin chloride oxycodone hcl oxycodone w/acetaminophen OXYCONTIN* [PA] [QLL]
F	famotidine FINACEA FLOMAX FLONASE* [QLL] FLOVENT, ROTADISK [QLL] fluconazole [PA] [QLL] fluocinonide fluorouracil fluoxetine hcl fluticasone propionate folic acid FOLTX	ibuprofen IMITREX [QLL] indomethacin INNOPRAN XL INTAL inh [QLL] ipratropium bromide [QLL] isotretinoin	jolivette junel, fe	K	paroxetine PAXIL CR PAXIL suspension peg 3350/electrolyte PEGASYS [INJ] [QLL] PEG-INTRON [INJ] [QLL] PEG-INTRON REDIPEN [INJ] [QLL] penicillin v potassium PENTASA perphenazine phenytoin sodium, extended PLAVIX [QLL] PLEXION, SCT, TS [G] polymyxin b sul/ trimethoprim portia PRANDIN PRECOSE prednisolone acetate prednisone PREFEST

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the preferred drug list that is at the core of your pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies subject to non-preferred status when generic is available throughout the year. For prior authorization (PA) inquiries or questions regarding the preferred status of drugs not listed on this document, please contact Express Scripts, Inc. at 1-877-650-9340.

(continued)

REVISED JANUARY 1, 2005. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay.

